Case 18-05485 Doc 1 Filed 02/27/18 Entered 02/27/18 19:34:24 Desc Main Document Page 1 of 64

| Fill in this information to identify your case: | | |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| t 1: | Identify Yourself | | |
|------------------------------|---|--|--|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| You | r full name | | |
| your | government-issued | AMIE First name | First name |
| licen | se or passport). | Middle name | Middle name |
| iden | tification to your | THOMAS Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| | | FKA AMIE PETERSEN | |
| | | AMIE GROH | |
| youi num Indiv Iden | r Social Security ber or federal vidual Taxpayer tification number | xxx-xx-1616 | |
| | You Write yourr pictu exar licen Bring iden mee | Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. THOMAS Last name and Suffix (Sr., Jr., II, III) AMIE First name THOMAS Last name and Suffix (Sr., Jr., II, III) FKA AMIE PETERSEN AMIE GROH Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number AMIE First name THOMAS Last name and Suffix (Sr., Jr., II, III) |

Case 18-05485 Doc 1 Filed 02/27/18 Entered 02/27/18 19:34:24 Desc Main Document Page 2 of 64

Case number (if known)

Debtor 1 AMIE THOMAS

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have I have not used any business name or EINs. ☐ I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EINs EINs Where you live If Debtor 2 lives at a different address: 1000 MARK ST. South Elgin, IL 60177 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code Kane County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing Check one: Check one: this district to file for bankruptcy Over the last 180 days before filing this petition, I Over the last 180 days before filing this petition, have lived in this district longer than in any other I have lived in this district longer than in any district. other district. I have another reason. I have another reason. Explain. (See 28 U.S.C. § 1408.) Explain. (See 28 U.S.C. § 1408.)

Case 18-05485 Doc 1 Filed 02/27/18 Entered 02/27/18 19:34:24 Desc Main Document Page 3 of 64

Case number (if known) Debtor 1 AMIE THOMAS

| ar | Tell the Court About | Your E | 3ankruptcy Ca | ase | | | |
|-----|---|--------|---------------|---|---|---|----|
| 7. | The chapter of the Bankruptcy Code you are | | | | of each, see <i>Notice Required by</i> page 1 and check the appropriate | 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy te box. | |
| | choosing to file under | | Chapter 7 | | | | |
| | | | Chapter 11 | | | | |
| | | | Chapter 12 | | | | |
| | | | Chapter 13 | | | | |
| | | | | | | | |
| 3. | How you will pay the fee | | about how yo | ou may pay. Typ attorney is subr | ically, if you are paying the fee yo | ck with the clerk's office in your local court for more deta burself, you may pay with cash, cashier's check, or mon alf, your attorney may pay with a credit card or check w | еу |
| | | | | | allments. If you choose this option (Official Form 103A). | on, sign and attach the Application for Individuals to Pag | / |
| | | | I request tha | at my fee be wa | ived (You may request this option | n only if you are filing for Chapter 7. By law, a judge ma | |
| | | | | | | our income is less than 150% of the official poverty line in installments). If you choose this option, you must fill o | |
| | | | | | | cial Form 103B) and file it with your petition. | |
| | | | | | | | |
| 9. | Have you filed for bankruptcy within the | ■ N | 0. | | | | |
| | last 8 years? | ☐ Y | es. | | | | |
| | | | District | | When | Case number | |
| | | | District | | When | Case number | |
| | | | District | | When | Case number | |
| | | | | | | | |
| 10. | Are any bankruptcy cases pending or being | ■ N | 0 | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | □ Y | es. | | | | |
| | | | Debtor | | | Relationship to you | |
| | | | District | | When | Case number, if known | |
| | | | Debtor | | | Relationship to you | |
| | | | District | | When | Case number, if known | |
| | | | | | | | |
| 11. | Do you rent your residence? | ПΝ | o. Go to I | ine 12. | | | |
| | residence : | Y | es. Has yo | our landlord obta | ined an eviction judgment agains | st you and do you want to stay in your residence? | |
| | | | | No. Go to line | 12. | | |
| | | | | Yes. Fill out <i>Ini</i> bankruptcy pet | | Judgment Against You (Form 101A) and file it with this | |
| | | | | | | | |

Debtor 1 AMIE THOMAS Document Page 4 of 64 Case number (if known)

| Par | Report About Any Bu | sinesses ` | You Owr | as a Sole Propriet | or | | |
|-----|---|------------------------|--|---|---|--|--|
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | | | |
| | | ☐ Yes. | Name | and location of bus | iness | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | of business, if any | | | |
| | If you have more than one sole proprietorship, use a | | Numb | er, Street, City, Stat | e & ZIP Code | | |
| | separate sheet and attach it to this petition. | | Chec | k the appropriate bo | x to describe your business: | | |
| | • | | | | less (as defined in 11 U.S.C. § 101(27A)) | | |
| | | | | Single Asset Real | Estate (as defined in 11 U.S.C. § 101(51B)) | | |
| | | | | Stockbroker (as d | efined in 11 U.S.C. § 101(53A)) | | |
| | | | | Commodity Broke | r (as defined in 11 U.S.C. § 101(6)) | | |
| | | | | None of the above | 3 | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadlines operation | ou are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate adlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of erations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure 1 U.S.C. 1116(1)(B). | | | | |
| | For a definition of small | No. | I am r | not filing under Chap | ter 11. | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am f Code | | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy | | |
| | | ☐ Yes. | I am f | iling under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | |
| Par | t 4: Report if You Own or | Have Any | Hazardo | ous Property or An | y Property That Needs Immediate Attention | | |
| 14. | Do you own or have any | ■ No. | | | | | |
| | property that poses or is alleged to pose a threat of imminent and | ☐ Yes. | What is | the hazard? | | | |
| | identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? | | | liate attention is why is it needed? | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | s the property? | | | |
| | | | | | Number, Street, City, State & Zip Code | | |

Debtor 1 AMIE THOMAS Document Page 5 of 64 Case number (if known)

 Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credi | t |
|---|---|
| counseling because of: | |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 18-05485 Doc 1 Filed 02/27/18 Entered 02/27/18 19:34:24 Desc Main Document Page 6 of 64 Case number (if known)

| Deb | tor 1 AMIE THOMAS | | Docume | int rage o or | Case number | (if known) |
|------|--|-------------------------|---|-----------------------------------|------------------------|---|
| Part | 6: Answer These Quest | ions for Re | porting Purposes | | | |
| 16. | What kind of debts do you have? | | Are your debts primarily co individual primarily for a perso | | | ed in 11 U.S.C. § 101(8) as "incurred by an |
| | | | ☐ No. Go to line 16b. | | | |
| | | | Yes. Go to line 17. | | | |
| | | | Are your debts primarily bu money for a business or inves | | | |
| | | | ☐ No. Go to line 16c. | | | |
| | | | ☐ Yes. Go to line 17. | | | |
| | | 16c. | State the type of debts you ov | ve that are not consum | er debts or business | s debts |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapter | 7. Go to line 18. | | |
| | Do you estimate that after any exempt property is excluded and | | I am filing under Chapter 7. D are paid that funds will be ava | | | erty is excluded and administrative expenses |
| | administrative expenses are paid that funds will | | ■ No | | | |
| | be available for distribution to unsecured creditors? | | □ Yes | | | |
| 18. | you estimate that you | □ 1-49 ■ 50-99 | | □ 1,000-5,000 □ 5001-10,000 | | □ 25,001-50,000 □ 50,001-100,000 |
| | owe? | □ 100-19 □ 200-99 | | 1 0,001-25,00 | 00 | ☐ More than100,000 |
| 19. | How much do you | \$ 0 - \$5 | 0 000 | □ \$1,000,001 - | \$10 million | ☐ \$500,000,001 - \$1 billion |
| | estimate your assets to be worth? | | 1 - \$100,000 | □ \$10,000,001 | | ☐ \$1,000,000,001 - \$10 billion |
| | | | 01 - \$500,000 01 - \$1 million | □ \$50,000,001 □ \$100,000,001 | • | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion |
| 20. | How much do you | □ \$0 - \$5 | 0,000 | □ \$1,000,001 - | \$10 million | ☐ \$500,000,001 - \$1 billion |
| | estimate your liabilities to be? | | 01 - \$100,000 | \$10,000,001 | | □ \$1,000,000,001 - \$10 billion |
| | | | 01 - \$500,000 01 - \$1 million | □ \$50,000,001 □ \$100,000,001 | | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion |
| Part | 7: Sign Below | | | | | |
| For | you | I have exa | mined this petition, and I decl | are under penalty of pe | erjury that the inform | ation provided is true and correct. |
| | | | | | | under Chapter 7, 11,12, or 13 of title 11, cose to proceed under Chapter 7. |
| | | | ney represents me and I did no I have obtained and read the | | | an attorney to help me fill out this |
| | | I request r | elief in accordance with the ch | napter of title 11, United | d States Code, speci | ified in this petition. |
| | | bankruptcg and 3571. | | | | property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519, |
| | | AMIE TH | | | Signature of Debtor | 2 |
| | | Executed | February 27, 2018 MM / DD / YYYY | | Executed on MM / | / DD / YYYY |
| | | | | | | |

Case 18-05485 Doc 1 Filed 02/27/18 Entered 02/27/18 19:34:24 Desc Main Document Page 7 of 64

Debtor 1 AMIE THOMAS Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ ADIL S. MOHAMMED | Date | February 27, 2018 | |
|--|---------------|-------------------|--|
| Signature of Attorney for Debtor | | MM / DD / YYYY | |
| ADU C MOHAMMED | | | |
| ADIL S. MOHAMMED | | | |
| Printed name | | | |
| ASM Law, P.C. | | | |
| Firm name | | | |
| 11 DOUGLAS AVE. | | | |
| SUITE 203 | | | |
| Elgin, IL 60120 | | | |
| Number, Street, City, State & ZIP Code | | | |
| Contact phone | Email address | | |
| 6281996 | | | |
| Bar number & State | | | |
| | | | |

| | | Ducum | SIL I AUC O OI O I | |
|--------------------|--------------------------|-------------------|-------------------------------|--|
| ill in this infor | mation to identify your | case: | | |
| Debtor 1 | AMIE THOMAS | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| Spouse if, filing) | First Name | Middle Name | Last Name | |
| Jnited States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Pai | t 1: Summarize Your Assets | | |
|-----|---|-------------|---------------------------|
| | | Your a | essets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 7,070.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 7,070.00 |
| Pai | t 2: Summarize Your Liabilities | | |
| | | | iabilities nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 0.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 129,672.95 |
| | Your total liabilities | \$ | 129,672.95 |
| Pai | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 2,523.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 3,600.00 |
| Pai | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other sc | hedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | a personal | , family, or |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

Entered 02/27/18 19:34:24 Desc Main Case 18-05485 Doc 1 Filed 02/27/18 Page 9 of 64 Case number (if known) Document

Debtor 1 AMIE THOMAS

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | \$ | 0.00 |
|----|--|----|------|
| | | ĺ | |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total | claim |
|--|-------|------------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 111,177.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 111,177.00 |

Case 18-05485 Doc 1 Filed 02/27/18 Entered 02/27/18 19:34:24 Desc Main Document Page 10 of 64 Fill in this information to identify your case and this filing: Debtor 1 **AMIE THOMAS** First Name Middle Name Last Name Debtor 2 Middle Name (Spouse, if filing) First Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. ☐ Yes. Where is the property? **Describe Your Vehicles** Part 2: Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Saab 3 1 Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: 97x Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2006 Debtor 2 only Current value of the Current value of the 150000 Approximate mileage: entire property? portion you own? Debtor 1 and Debtor 2 only Other information: ☐ At least one of the debtors and another Salvaged Title Purchased for \$300.00 \$300.00 ☐ Check if this is community property \$500 (see instructions) Location: 1000 MARK ST., South Elgin IL 60177 Do not deduct secured claims or exemptions. Put Hyundai 3.2 Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: Santa Fe Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2004 Year: Debtor 2 only Current value of the Current value of the 160000 Approximate mileage: ☐ Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another

Official Form 106A/B Schedule A/B: Property page 1

☐ Check if this is community property

(see instructions)

Daughter's Car; Title in Debtor's

name for insurance purposes

Location: 1000 MARK ST., South Elgin IL 60177 \$2,000.00

\$2,000.00

| Debtor | 1 AMIE THOM | ΔS | Document | Page 11 of | Case number | (if known) | |
|---|--|--|--|-----------------------|----------------------|--------------------------|------------------------------|
| | - | | | | | · | |
| | | tor homes, ATVs and other motors, personal watercraft, | | | | es | |
| Lxan | proof Boats, trailors, | motoro, personal wateroran, | norming vessels, si | iowinobiles, motore | yole docessories | | |
| ■ No |) | | | | | | |
| □ Ye | es | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | the portion you own for all ed for Part 2. Write that nur | | | | | \$2,300.00 |
| P~3 | , | | | | | | _ |
| Part 3: | Describe Your Perso | nal and Household Items | | | | | |
| Do you | own or have any l | egal or equitable interest ir | any of the follow | ving items? | | | t value of the |
| | | | | | | • | n you own? deduct secured |
| | | | | | | | or exemptions. |
| | s ehold goods and f mples: Maior applian | r urnishings nces, furniture, linens, china, l | kitchenware | | | | |
| □N | | | | | | | |
| Y | es. Describe | | | | | | |
| | | Cafa Cawah Caffaa T | ablas Cida Tab | laa Dining Baar | Cot | | |
| | | Sofa, Couch, Coffee Ta Bedroom Set, Mattress | | ies, Dinign Roor | m Set, | | |
| | | Location: 1000 MARK | | n IL 60177 | | | \$300.00 |
| | | | | | | | |
| 7. Elec | tronics | | | | | | |
| Exa | , | nd radios; audio, video, stere phones, cameras, media pla | | pment; computers, | printers, scanners | ; music collections; ele | ectronic devices |
| □N | J | priories, cameras, media pia | iyers, garries | | | | |
| | | | | | | | |
| ■ Y | es. Describe | | | | | | |
| ■ Y | es. Describe | | | | | | 4= |
| ■ Y | es. Describe | TV, Laptop, DVD playe | er, Common hou | usehold electror | nics | | \$500.00 |
| ■ Y | es. Describe | TV, Laptop, DVD playe | er, Common hou | usehold electror | nics | | \$500.00 |
| 8. Colle | ectibles of value | | | | | mp, coin, or baseball | <u> </u> |
| 8. Colle | ectibles of value mples: Antiques and | TV, Laptop, DVD player figurines; paintings, prints, oons, memorabilia, collectibles | r other artwork; bo | | | mp, coin, or baseball | <u> </u> |
| 8. Colle | ectibles of value mples: Antiques and other collecti | figurines; paintings, prints, o | r other artwork; bo | | | mp, coin, or baseball | <u> </u> |
| 8. Colle Exa | ectibles of value mples: Antiques and other collecti | figurines; paintings, prints, o | r other artwork; bo | | | mp, coin, or baseball | <u> </u> |
| 8. Colle Exa | ectibles of value mples: Antiques and other collecti o es. Describe | figurines; paintings, prints, o ons, memorabilia, collectibles | r other artwork; bo | | | mp, coin, or baseball | <u> </u> |
| 8. Colle Example N | ectibles of value mples: Antiques and other collection output es. Describe pment for sports and mples: Sports, photo | figurines; paintings, prints, o ons, memorabilia, collectibles and hobbies ographic, exercise, and other | or other artwork; bo | oks, pictures, or oth | ner art objects; sta | | card collections; |
| 8. Colle Exa. N Y 9. Equi Exa. | ectibles of value mples: Antiques and other collection es. Describe pment for sports and mples: Sports, photo musical instru | figurines; paintings, prints, o ons, memorabilia, collectibles and hobbies ographic, exercise, and other | or other artwork; bo | oks, pictures, or oth | ner art objects; sta | | card collections; |
| 8. Colle Exa. N Y 9. Equi | ectibles of value mples: Antiques and other collection es. Describe pment for sports al mples: Sports, photo musical instru | figurines; paintings, prints, o ons, memorabilia, collectibles and hobbies ographic, exercise, and other | or other artwork; bo | oks, pictures, or oth | ner art objects; sta | | card collections; |
| 8. Collector Example 1 | ectibles of value mples: Antiques and other collection es. Describe pment for sports and mples: Sports, photo musical instruction es. Describe | figurines; paintings, prints, o ons, memorabilia, collectibles and hobbies ographic, exercise, and other | or other artwork; bo | oks, pictures, or oth | ner art objects; sta | | card collections; |
| 8. Collector 8. Collector 9. Equipment Example 10. Fire | ectibles of value mples: Antiques and other collection es. Describe pment for sports and mples: Sports, photo musical instruction es. Describe | figurines; paintings, prints, o ons, memorabilia, collectibles and hobbies ographic, exercise, and other uments | or other artwork; bos s hobby equipment; | oks, pictures, or oth | ner art objects; sta | | card collections; |
| 8. Collectors N N Y 9. Equinor Exa. N Y 10. Fire | ectibles of value mples: Antiques and other collection es. Describe pment for sports and mples: Sports, photo musical instru es. Describe earms amples: Pistols, rifles | figurines; paintings, prints, o ons, memorabilia, collectibles and hobbies ographic, exercise, and other | or other artwork; bos s hobby equipment; | oks, pictures, or oth | ner art objects; sta | | card collections; |
| 8. Colle Exa. N Y 9. Equi Exa. N Y 10. Fire Ex. | ectibles of value mples: Antiques and other collection es. Describe pment for sports and mples: Sports, photo musical instru es. Describe earms amples: Pistols, rifles | figurines; paintings, prints, o ons, memorabilia, collectibles and hobbies ographic, exercise, and other uments | or other artwork; bos s hobby equipment; | oks, pictures, or oth | ner art objects; sta | | card collections; |
| 8. Collector 8. Collector 9. Equipment 9. Equipment 10. Fire 10. Fire 10. Y | ectibles of value mples: Antiques and other collection es. Describe pment for sports and mples: Sports, photo musical instru es. Describe earms amples: Pistols, rifles o es. Describe | figurines; paintings, prints, o ons, memorabilia, collectibles and hobbies ographic, exercise, and other uments | or other artwork; bos s hobby equipment; | oks, pictures, or oth | ner art objects; sta | | card collections; |
| 8. Collector 8. Collector 8. Collector 8. Collector 9. Equi Exa. N Y 10. Fire Ex N Y 11. Clo | ectibles of value mples: Antiques and other collection outlines of the coll | figurines; paintings, prints, o ons, memorabilia, collectibles and hobbies ographic, exercise, and other uments | or other artwork; bos hobby equipment; d related equipmen | oks, pictures, or oth | ner art objects; sta | | card collections; |
| 8. Collector 8. Collector 8. Collector 8. Collector 9. Equi Exa. N Y 10. Fire Ex N Y 11. Clo | ectibles of value mples: Antiques and other collection es. Describe pment for sports and mples: Sports, photo musical instru es. Describe earms amples: Pistols, rifles es. Describe thes amples: Everyday cli | figurines; paintings, prints, o ons, memorabilia, collectibles and hobbies ographic, exercise, and other uments | or other artwork; bos hobby equipment; d related equipmen | oks, pictures, or oth | ner art objects; sta | | card collections; |
| 8. Collectors N N | ectibles of value mples: Antiques and other collection es. Describe pment for sports and mples: Sports, photo musical instru es. Describe earms amples: Pistols, rifles es. Describe thes amples: Everyday cli | figurines; paintings, prints, o ons, memorabilia, collectibles and hobbies ographic, exercise, and other uments | or other artwork; bos hobby equipment; d related equipmen | oks, pictures, or oth | ner art objects; sta | | card collections; |
| 8. Collectors N N | ectibles of value mples: Antiques and other collection es. Describe pment for sports and mples: Sports, photo musical instruction es. Describe earms amples: Pistols, rifles on es. Describe thes amples: Everyday clo | figurines; paintings, prints, o ons, memorabilia, collectibles and hobbies graphic, exercise, and other uments s, shotguns, ammunition, and other, furs, leather coats, described by the state of the st | or other artwork; bos hobby equipment; d related equipmen | oks, pictures, or oth | ner art objects; sta | | card collections; |
| 8. Collectors N N | ectibles of value mples: Antiques and other collection es. Describe pment for sports and mples: Sports, photo musical instruction es. Describe earms amples: Pistols, rifles on es. Describe thes amples: Everyday clo | figurines; paintings, prints, o ons, memorabilia, collectibles and hobbies ographic, exercise, and other uments | or other artwork; bos hobby equipment; d related equipmen | oks, pictures, or oth | ner art objects; sta | | card collections; |
| 8. Collectors N N | ectibles of value mples: Antiques and other collection es. Describe pment for sports and mples: Sports, photo musical instruction es. Describe earms amples: Pistols, rifles on es. Describe thes amples: Everyday clo on es. Describe | figurines; paintings, prints, o ons, memorabilia, collectibles and hobbies graphic, exercise, and other uments s, shotguns, ammunition, and other, furs, leather coats, described by the state of the st | or other artwork; bos hobby equipment; d related equipmen | oks, pictures, or oth | ner art objects; sta | | card collections; |
| 8. Collector 8. Collector 8. Collector 8. Collector 8. Collector 8. Collector 9. Equipment 8. Collector 9. Equipment 9. Page 10. Fire 11. Clo 12. Jew 12. Jew 12. Jew 14. Collector 15. Collector 16. Collector 17. Clo 18. Collector 18. Collector 18. Collector 19. Collector | ectibles of value mples: Antiques and other collection es. Describe pment for sports and mples: Sports, photo musical instru es. Describe earms amples: Pistols, rifles oes. Describe thes amples: Everyday clo oes. Describe | figurines; paintings, prints, o ons, memorabilia, collectibles and hobbies or other uments are shorted as shor | or other artwork; bos s hobby equipment; d related equipmen | oks, pictures, or oth | ner art objects; sta | canoes and kayaks; o | card collections; |
| 8. Collectors 8. Collectors 8. Collectors 8. Collectors 8. Collectors 8. No. Y 9. Equitors 9. No. Fire 6. Ex. 10. Fire 11. Clo 6. Ex. 12. Jew 12. Jew | pectibles of value mples: Antiques and other collection ones. Describe pment for sports and mples: Sports, photo musical instruction ones. Describe parms amples: Pistols, rifles ones. Describe thes amples: Everyday clan ones. Describe | figurines; paintings, prints, o ons, memorabilia, collectibles and hobbies graphic, exercise, and other uments s, shotguns, ammunition, and other, furs, leather coats, described by the state of the st | or other artwork; bos s hobby equipment; d related equipmen | oks, pictures, or oth | ner art objects; sta | canoes and kayaks; o | card collections; |

Document Page 12 of 64 Case number (if known) Debtor 1 **AMIE THOMAS** 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list $\hfill \square$ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1,000.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No \$20.00 Cash 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: Yes..... **BMO Harris Bank** \$1,900.00 Checking 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ■ No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ■ No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ☐ No

Case 18-05485

Doc 1

Filed 02/27/18

Entered 02/27/18 19:34:24

Desc Main

| Debtor 1 | AMIE THOMAS | Document | Page 13 of 64 Case number (if known) | Desc Main |
|------------------------------------|---|-----------------------------|--|--|
| | | Institution i | name or individual: | |
| ■ res. | | | | 44.050.00 |
| | Rental deposit | Una Gold | lie - Landlord | \$1,850.00 |
| 23. Annui ■ No □ Yes. | ties (A contract for a periodic payment of Issuer name and descripti | | r life or for a number of years) | |
| 24. Interes 26 U.S. | ts in an education IRA, in an account i .C. §§ 530(b)(1), 529A(b), and 529(b)(1). | in a qualified ABLE pro | ogram, or under a qualified state tuition pro | gram. |
| | Institution name and desc | cription. Separately file t | he records of any interests.11 U.S.C. § 521(c): | |
| ■ No | s, equitable or future interests in prope Give specific information about them | rty (other than anythir | ng listed in line 1), and rights or powers exer | cisable for your benefit |
| Exam ■ No | ts, copyrights, trademarks, trade secre ples: Internet domain names, websites, p Give specific information about them | | | |
| Exam ■ No | ses, franchises, and other general intal ples: Building permits, exclusive licenses Give specific information about them | | n holdings, liquor licenses, professional license | es |
| Money or | property owed to you? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ■ No | funds owed to you Give specific information about them, inc | cluding whether you alre | eady filed the returns and the tax years | |
| ■ No | | usal support, child supp | ort, maintenance, divorce settlement, property | settlement |
| Exam _i ■ No | amounts someone owes you ples: Unpaid wages, disability insurance plenefits; unpaid loans you made to Give specific information | | nefits, sick pay, vacation pay, workers' compen | sation, Social Security |
| 31. Interes | sts in insurance policies | nealth savings account (| (HSA); credit, homeowner's, or renter's insuran | се |
| ■ No □ Yes. | Name the insurance company of each po Company name: | olicy and list its value. | Beneficiary: | Surrender or refund value: |
| If you somed | terest in property that is due you from are the beneficiary of a living trust, expectione has died. Give specific information | | ed nsurance policy, or are currently entitled to rece | ive property because |

Official Form 106A/B Schedule A/B: Property page 4

Case 18-05485 Doc 1 Filed 02/27/18 Entered 02/27/18 19:34:24 Desc Main Document Page 14 of 64 Case number (if known) Debtor 1 **AMIE THOMAS** 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$3,770.00 for Part 4. Write that number here..... Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 Part 2: Total vehicles, line 5 \$2,300.00 Part 3: Total personal and household items, line 15 57. \$1,000.00 58. Part 4: Total financial assets, line 36 \$3,770.00

\$0.00 59. Part 5: Total business-related property, line 45 \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 62. Total personal property. Add lines 56 through 61... \$7,070.00 Copy personal property total \$7,070.00

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$7,070.00

Official Form 106A/B Schedule A/B: Property page 5

| | | DOGGIIIC | T GGC 10 CI CT | |
|---------------------|--------------------------|-------------------|----------------|--------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | AMIE THOMAS | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is |
| | | | | amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify | the | Property | You | Claim as | Exempt |
|---------|----------|-----|----------|-----|----------|--------|
| | | | | | | |

| 1. | Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. | | | | |
|----|--|--------------------------------------|-----------------------------------|------------------------------------|--|
| | ■ You are claiming state and federal nonbank | ruptcy exemptions. 11 | U.S.C. § 522(b)(3) | | |
| | \square You are claiming federal exemptions. 11 U | .S.C. § 522(b)(2) | | | |
| 2. | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. | | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption | |

| Schedule A/B that lists this property | portion you own Copy the value from | Cho | ock only one box for each exemption. | |
|---|-------------------------------------|------|---|-----------------------|
| | Schedule A/B | Crie | ok only one box for each exemption. | |
| 2006 Saab 97x 150000 miles Salvaged Title Purchased for \$500 | \$300.00 | | \$0.00 | 735 ILCS 5/12-1001(b) |
| Location: 1000 MARK ST., South Elgin IL 60177 Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2004 Hyundai Santa Fe 160000 miles Daughter's Car; Title in Debtor's | \$2,000.00 | | \$2,000.00 | 735 ILCS 5/12-1001(c) |
| name for insurance purposes Location: 1000 MARK ST., South Elgin IL 60177 Line from Schedule A/B: 3.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| Sofa, Couch, Coffee Tables, Side Tables, Dinign Room Set, Bedroom | \$300.00 | | \$300.00 | 735 ILCS 5/12-1001(b) |
| Set, Mattresses Location: 1000 MARK ST., South Elgin IL 60177 Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| TV, Laptop, DVD player, Common household electronics | \$500.00 | | \$500.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: 7.1 | | | 100% of fair market value, up to | |

100% of fair market value, up to any applicable statutory limit

Case 18-05485 Doc 1 Filed 02/27/18 Entered 02/27/18 19:34:24 Desc Main Document Page 16 of 64 Case number (if known)

| AMIL IIIOMAO | | | | |
|--|--------------------------------------|---------|---|------------------------------------|
| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
| | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| Personal Clothing Line from Schedule A/B: 11.1 | \$200.00 | | \$200.00 | 735 ILCS 5/12-1001(a) |
| | | | 100% of fair market value, up to any applicable statutory limit | |
| Cash Line from Schedule A/B: 16.1 | \$20.00 | | \$20.00 | 735 ILCS 5/12-1001(b) |
| Line from Scriedule A/B. 10.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Checking: BMO Harris Bank Line from Schedule A/B: 17.1 | \$1,900.00 | | \$1,900.00 | 735 ILCS 5/12-1001(b) |
| Line Iron Schedule A/B. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Rental deposit: Una Goldie - | \$1,850.00 | | \$1,280.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: 22.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every ■ No □ Yes. Did you acquire the property cove | 3 years after that for ca | ases fi | , | , |
| □ Vee | | | | |

| Fill in this infor | rmation to identify your | case: | | |
|---------------------|--------------------------|-------------------|-------------|--|
| Debtor 1 | AMIE THOMAS | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States B | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

| | 0000 10 00 100 E | Document | Page 18 | 2 of 6/ | Desc Main |
|-------------------|---|---|------------------|---|----------------------------------|
| Fill in this | information to identify your | | T auc Ic | 3 01 04 | |
| Debtor 1 | AMIE THOMAS | | | | |
| DCDIOI 1 | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filin | ng) First Name | Middle Name | Last Name | | |
| United Stat | tes Bankruptcy Court for the: | NORTHERN DISTRICT OF ILL | INOIS | | |
| Case numb | ber | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| Official | Form 106E/F | | | | |
| | | ho Have Unsecured | Claims | | 12/15 |
| | | e Part 1 for creditors with PRIORITY that could result in a claim. Also lis | | | |
| | | ired Leases (Official Form 106G). Do ured by Property. If more space is n | | | |
| eft. Attach t | he Continuation Page to this pag | e. If you have no information to rep | | | |
| | ase number (if known). | accured Claims | | | |
| | List All of Your PRIORITY Un creditors have priority unsecured | | | | |
| _ ` | • • | u ciainis against you! | | | |
| | Go to Part 2. | | | | |
| ☐ Yes. Part 2: | List All of Your NONPRIORIT | V Unaccured Claims | | | |
| | | | | | |
| _ ` | creditors have nonpriority unsec | | | | |
| ⊔ No. ` | You have nothing to report in this pa | art. Submit this form to the court with y | our other sche | dules. | |
| Yes. | | | | | |
| unsecur | red claim, list the creditor separately | aims in the alphabetical order of the y for each claim. For each claim listed, st the other creditors in Part 3.If you ha | identify what ty | pe of claim it is. Do not list claims alr | eady included in Part 1. If more |
| | | | | | Total claim |
| 4.1 B a | ank Of America | Last 4 digits of acco | unt number | 1863 | \$2,483.00 |
| | npriority Creditor's Name | | | | |
| | c4-105-03-14 b Box 26012 | When was the debt | incurred? | Opened 02/16 Last Active 10/04/16 | • |
| | reensboro, NC 27410 | When was the debt | incurreur | 10/04/10 | |
| | mber Street City State Zlp Code | As of the date you fi | le, the claim is | s: Check all that apply | |
| Wh | no incurred the debt? Check one. | | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | At least one of the debtors and and | other Type of NONPRIORI | TY unsecured | claim: | |
| | Check if this claim is for a comm | | | | |
| del | | Obligations arising | g out of a separ | ation agreement or divorce that you | did not |
| | the claim subject to offset? | report as priority clain | | g plans, and other similar debts | |
| | No | • | - | | |
| | Yes | Other Specify | redit Card | | |

Page 19 of 64 Case number (if know) Document Debtor 1 AMIE THOMAS

| 4.2 | Capital One | Last 4 digits of account number | 4677 | \$2,227.00 | |
|-----|--|--|--|------------|--|
| | Nonpriority Creditor's Name Attn: General Correspondence/Bankruptcy Po Box 30285 | When was the debt incurred? | Opened 05/16 Last Active 11/09/16 | | |
| | Salt Lake City, UT 84130 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | ☐ Yes | Other. Specify Credit Card | <u> </u> | | |
| 4.3 | Capital One | Last 4 digits of account number | 8771 | \$1,661.00 | |
| | Nonpriority Creditor's Name Attn: General | | Opened 12/14 Last Active | | |
| | Correspondence/Bankruptcy Po Box 30285 | When was the debt incurred? | 11/05/16 | | |
| | Salt Lake City, UT 84130 | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | ☐ Yes | Other. Specify Credit Card | <u> </u> | | |
| 4.4 | Cardworks/CW Nexus | Last 4 digits of account number | 4946 | \$598.00 | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 9201 Old Bethpage, NY 11804 | When was the debt incurred? | Opened 01/16 Last Active 9/27/16 | | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | | |
| | Who incurred the debt? Check one. | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharin | a plane, and other similar debte | | |
| | | | | | |
| | ☐ Yes | Other. Specify Credit Card | <u> </u> | | |

Case 18-05485 Doc 1 Filed 02/27/18 Entered 02/27/18 19:34:24 Desc Main Page 20 of 64 Document Debtor 1 AMIE THOMAS Case number (if know) 4.5 Citibank/The Home Depot Last 4 digits of account number 1644 \$510.00 Nonpriority Creditor's Name Citicorp Cr Srvs/Centralized Opened 04/15 Last Active When was the debt incurred? 10/09/16 **Bankruptcy** Po Box 790040 St Louis, MO 63129 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes 4.6 **Comenity Bank/Victoria Secret** Last 4 digits of account number 0595 \$0.00 Nonpriority Creditor's Name Attn: Bankruptcy Opened 10/24/15 Last Active Po Box 182125 When was the debt incurred? 3/09/17 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes 4.7 **Credit One Bank** \$0.00 Last 4 digits of account number 6376 Nonpriority Creditor's Name Opened 03/16 Last Active Attn: Bankruptcy Po Box 98873 When was the debt incurred? 10/14/16 Las Vegas, NV 89193 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one.

 ■ Debtor 1 only
 □ Contingent

 □ Debtor 2 only
 □ Unliquidated

 □ Debtor 1 and Debtor 2 only
 □ Disputed

 □ At least one of the debtors and another
 Type of NONPF

☐ Check if this claim is for a community debt

Is the claim subject to offset?

■ No
□ Yes

Type of NONPRIORITY unsecured claim:

☐ Student loans

 $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Credit Card

Case 18-05485 Doc 1 Filed 02/27/18 Entered 02/27/18 19:34:24 Desc Main Document Page 21 of 64 Case number (if know)

4.8 Credit One Bank Nonpriority Creditor's Name Attn: Bankruptcy

Opened 11/13 Last Active

| 4.8 | Napariarity Craditaria Nama | _ Last 4 digits of account number | <u> </u> | \$0.00 |
|----------|---|--|--|-------------|
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 98873 | When was the debt incurred? | Opened 11/13 Last Active 10/14/16 | |
| | Las Vegas, NV 89193 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | I claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.9 | Dept Of Ed/Navient Nonpriority Creditor's Name | Last 4 digits of account number | 0908 | \$20,256.00 |
| | Attn: Claims Dept P.O. Box 9635 Wilkes Barr, PA 18773 | When was the debt incurred? | Opened 09/16 Last Active 1/31/18 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | I claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐Yes | ☐ Other. Specify | | |
| | | Educationa | I | |
| 4.1 0 | Dept Of Ed/Navient Nonpriority Creditor's Name | Last 4 digits of account number | 0815 | \$16,045.00 |
| | Attn: Claims Dept P.O. Box 9635 | When was the debt incurred? | Opened 08/17 Last Active 1/31/18 | |
| | Wilkes Barr, PA 18773 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | | ration agreement or divorce that you did not | |
| | Is the claim subject to onset? ■ No | report as priority claims Debts to pension or profit-sharin | a plans, and other similar debts | |
| | ■ No □ Yes | | אַ אַישּייט, מווע טעופו אווווומו עפטנא | |
| | ☐ Yes | Other. Specify | | |
| | | Educationa | ı | |

Debtor 1 AMIE THOMAS

Debtor 1 AMIE THOMAS

Debtor 1 AMIE THOMAS

Debtor 1 AMIE THOMAS

| 4.1 | Dept Of Ed/Navient | Last 4 digits of account number | 0507 | \$8,384.00 |
|----------|---|---|--|------------|
| | Nonpriority Creditor's Name Attn: Claims Dept | | Opened 05/15 Last Active | |
| | P.O. Box 9635 Wilkes Barr, PA 18773 | When was the debt incurred? | 1/31/18 | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | Пол | | |
| | Debtor 1 only | ☐ Contingent☐ Unliquidated | | |
| | ☐ Debtor 2 only | ☐ Unliquidated ☐ Disputed | | |
| | ☐ Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured | d claim: | |
| | At least one of the debtors and another | Student loans | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify | | |
| | | Educationa | I | |
| 4.1 | | | | _ |
| 2 | Dept Of Ed/Navient | Last 4 digits of account number | <u>0918</u> | \$8,028.00 |
| | Nonpriority Creditor's Name Attn: Claims Dept P.O. Box 9635 | When was the debt incurred? | Opened 09/14 Last Active 1/31/18 | |
| | Wilkes Barr, PA 18773 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | I claim: | |
| | \square Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify | | |
| | | Educationa | I | |
| 4.1 3 | Dept Of Ed/Navient | Last 4 digits of account number | 0509 | \$7,846.00 |
| | Nonpriority Creditor's Name Attn: Claims Dept P.O. Box 9635 | When was the debt incurred? | Opened 05/13 Last Active 1/31/18 | |
| | Wilkes Barr, PA 18773 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | □Yes | ☐ Other. Specify | | |

Page 23 of 64 Case number (if know) Document Debtor 1 AMIE THOMAS

| Nonpriority Creditor's Name Attn: Claims Dept | _ | | |
|---|---|---|--|
| <u>-</u> | W/ | Opened 01/14 Last Active | |
| P.O. Box 9635 Wilkes Barr, PA 18773 | When was the debt incurred? | 1/31/18 | |
| Who incurred the debt? Check one. | As of the date you file, the claim i | s: Спеск аш tnat apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | I claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| ☐ Yes | ☐ Other. Specify | | |
| | Educationa | l | |
| Dept Of Ed/Navient | Last 4 digits of account number | 0917 | \$5,500.00 |
| Nonpriority Creditor's Name Attn: Claims Dept P.O. Box 9635 | When was the debt incurred? | Opened 09/14 Last Active 1/31/18 | |
| Wilkes Barr, PA 18773 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | I claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| ☐ Yes | Other. Specify | | |
| | Educationa | l | |
| Dept Of Ed/Navient | Last 4 digits of account number | 0507 | \$5,000.00 |
| Attn: Claims Dept P.O. Box 9635 | When was the debt incurred? | Opened 05/15 Last Active 1/31/18 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt | ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| Is the claim subject to offset? ■ No | report as priority claims ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Number Street City State ZIp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes Dept Of Ed/Navient Nonpriority Creditor's Name Attn: Claims Dept P.O. Box 9635 Wilkes Barr, PA 18773 Number Street City State ZIp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes Dept Of Ed/Navient Nonpriority Creditor's Name Attn: Claims Dept P.O. Box 9635 Wilkes Barr, PA 18773 Number Street City State ZIp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Number Street City State Zip Code Who incurred the debt? Check one. □ Debtor 1 only □ Contingent □ Unliquidated □ Disputed □ Debtor 1 and Debtor 2 only □ Debtor 1 only □ Debtor 1 only □ Contingent □ Debtor 1 only □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 2 only □ Debtor 3 only □ Debtor 4 only □ Debtor 5 only □ Debtor 5 only □ Debtor 6 offset? □ Debtor 8 only 9635 □ Debtor 9 only □ Debtor 9 only □ Debtor 9 only □ Debtor 1 only □ Debto | As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply Debtor 1 and Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 an |

Page 24 of 64 Case number (if know) Document Debtor 1 AMIE THOMAS

| Dept Of Ed/Navient | Last 4 digits of account number | 0103 | \$4,500.00 | | |
|---|--|---|------------|--|--|
| Nonpriority Creditor's Name Attn: Claims Dept P.O. Box 9635 | When was the debt incurred? | Opened 01/14 Last Active 1/31/18 | | | |
| Wilkes Barr, PA 18773 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | As of the date you file, the claim is: Check all that apply | | | |
| ■ Debtor 1 only | ☐ Contingent | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| ☐ Check if this claim is for a community | Student loans | | | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| ☐ Yes | Other. Specify | | | | |
| | Educationa | ıl | | | |
| Dept Of Ed/Navient | Last 4 digits of account number | 0508 | \$4,500.00 | | |
| Nonpriority Creditor's Name Attn: Claims Dept P.O. Box 9635 Wilkes Barr, PA 18773 | When was the debt incurred? | Opened 05/13 Last Active 1/31/18 | | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | |
| Debtor 1 only | ☐ Contingent | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | |
| ☐ Debtor 1 and Debtor 2 only | Disputed | | | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | | | | |
| ☐ Check if this claim is for a community debt | Student loans | | | | |
| Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| Yes | ☐ Other. Specify | | | | |
| | Educationa | ı | | | |
| Dept Of Ed/Navient | Last 4 digits of account number | 0213 | \$4,305.00 | | |
| Nonpriority Creditor's Name Attn: Claims Dept P.O. Box 9635 | When was the debt incurred? | Opened 02/13 Last Active 1/31/18 | | | |
| Wilkes Barr, PA 18773 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | |
| Debtor 1 only | ☐ Contingent | | | | |
| Debtor 2 only | Unliquidated | | | | |
| ☐ Debtor 1 and Debtor 2 only | Disputed | d alaim. | | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | a Giaiiii. | | | |
| ☐ Check if this claim is for a community debt | Student loans | | | | |
| ls the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| □Yes | Other. Specify | | | | |

Page 25 of 64 Case number (if know) Document Debtor 1 AMIE THOMAS

| Dept Of Ed/Navient | Last 4 digits of account number | 1011 | \$3,748.0 |
|---|---|---|-----------|
| Nonpriority Creditor's Name Attn: Claims Dept P.O. Box 9635 | When was the debt incurred? | Opened 10/12 Last Active 1/31/18 | |
| Wilkes Barr, PA 18773 Number Street City State Zlp Code | As of the date you file, the claim i | | |
| Who incurred the debt? Check one. | _ | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | |
| At least one of the debtors and another | Student loans | | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | _ | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | ng plans, and other similar debts | |
| ☐ Yes | Other. Specify | | |
| | Educationa | al | |
| | | | |
| Dept Of Ed/Navient | Last 4 digits of account number | 0615 | \$3,654.0 |
| Nonpriority Creditor's Name Attn: Claims Dept P.O. Box 9635 | When was the debt incurred? | Opened 06/17 Last Active 1/31/18 | |
| Wilkes Barr, PA 18773 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify | | |
| | Educationa | <u> </u> | |
| Dept Of Ed/Navient Nonpriority Creditor's Name | Last 4 digits of account number | 1011 | \$3,500.0 |
| Attn: Claims Dept P.O. Box 9635 | When was the debt incurred? | Opened 10/12 Last Active 1/31/18 | |
| Wilkes Barr, PA 18773 Number Street City State ZIp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| □ Yes | Other. Specify | | |

Case 18-05485 Doc 1 Filed 02/27/18 Entered 02/27/18 19:34:24 Desc Main Document Page 26 of 64 Debtor 1 AMIE THOMAS Case number (if know) 4.2 **Fingerhut** 9377 \$0.00 Last 4 digits of account number 3 Nonpriority Creditor's Name **Bankruptcy Dept** Opened 9/22/14 Last Active 6250 Ridgewood Rd 2/23/16 When was the debt incurred? Saint Cloud, MN 56303 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes 4.2 First Premier Bank 5976 \$871.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 10/16 Last Active 601 S Minnesota Ave When was the debt incurred? 12/07/16 Sioux Falls, SD 57104 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $oxed{\square}$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes 4.2 \$789.00 First Premier Bank 2249 Last 4 digits of account number Nonpriority Creditor's Name Opened 08/15 Last Active 601 S Minnesota Ave When was the debt incurred? 12/07/16 Sioux Falls, SD 57104 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply

5

Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not debt Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit Card

Page 27 of 64 Case number (if know) Document Debtor 1 AMIE THOMAS

| First Savings Credit Card | Last 4 digits of account number | 8366 | \$0.0 | | | |
|--|---|---|---------|--|--|--|
| Nonpriority Creditor's Name Po Box 5019 Sioux Falls, SD 57117 | When was the debt incurred? | Opened 6/06/16 Last Active 7/08/16 | | | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | |
| Debtor 1 only | ☐ Contingent | | | | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| \square Check if this claim is for a community | ☐ Student loans | | | | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| Yes | Other. Specify Credit Card | <u> </u> | | | | |
| I C System Inc | Last 4 digits of account number | 2110 | \$220.0 | | | |
| Nonpriority Creditor's Name 444 Highway 96 East P.O. Box 64378 | When was the debt incurred? | Opened 03/16 | | | | |
| St. Paul, MN 55164 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | | | |
| Who incurred the debt? Check one. | | , | | | | |
| ■ Debtor 1 only | ☐ Contingent | | | | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| ☐ Check if this claim is for a community | Student loans | | | | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | | | | |
| ☐ Yes | ■ Other. Specify Collection | Attorney School District U-46 | | | | |
| I C System Inc | Last 4 digits of account number | 0492 | \$96.0 | | | |
| Nonpriority Creditor's Name | | One and 02/46 | | | | |
| 444 Highway 96 East P.O. Box 64378 St. Paul, MN 55164 | When was the debt incurred? | Opened 03/16 | | | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | |
| ■ Debtor 1 only | ☐ Contingent | | | | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| ☐ Check if this claim is for a community | Student loans | | | | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | | |
| ■ No | Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| ☐ Yes | Other Specify Collection | Attorney School District U-46 | | | | |

Entered 02/27/18 19:34:24 Case 18-05485 Doc 1 Filed 02/27/18 Desc Main

Document Page 28 of 64 Debtor 1 AMIE THOMAS Case number (if know) 4.2 0831 \$96.00 I C System Inc Last 4 digits of account number 9 Nonpriority Creditor's Name 444 Highway 96 East When was the debt incurred? **Opened 03/16** P.O. Box 64378 St. Paul, MN 55164 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection Attorney School District U-46 ☐ Yes 4.3 I C System Inc 0557 \$96.00 Last 4 digits of account number 0 Nonpriority Creditor's Name 444 Highway 96 East When was the debt incurred? **Opened 03/16** P.O. Box 64378 St. Paul, MN 55164 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collection Attorney School District U-46 ☐ Yes 4.3 Kohls/Capital One 4483 \$1,023.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 11/15 Last Active **Kohls Credit** Po Box 3043 When was the debt incurred? 12/01/16 Milwaukee, WI 53201 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community

debt

■ No

☐ Yes

■ Other. Specify Charge Account

report as priority claims

 \square Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

Page 29 of 64 Case number (if know) Document Debtor 1 AMIE THOMAS

| Law Offices of Janet W. Ellingson Nonpriority Creditor's Name | Last 4 digits of account number | 1689 | \$2,122.95 | |
|---|--|---|------------|--|
| 1250 Larkin Ave. Suite 220 | When was the debt incurred? | February 2017 | | |
| Elgin, IL 60123 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is | s: Check all that apply | | |
| ■ Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | claim: | | |
| ☐ Check if this claim is for a community | Student loans | | | |
| debt Is the claim subject to offset? | | ation agreement or divorce that you did not | | |
| ■ No | Debts to pension or profit-sharing | plans, and other similar debts | | |
| Yes | Other. Specify Legal Fees | y prairie, and outer commandoste | | |
| | | 0405 | #4.004.00 | |
| Midland Funding Nonpriority Creditor's Name | Last 4 digits of account number | 9195 | \$1,304.00 | |
| Attn: Bankruptcy Po Box 939069 | When was the debt incurred? | Opened 06/17 | | |
| San Diego, CA 92193 Number Street City State Zlp Code | As of the date you file, the claim is | Chock all that apply | | |
| Who incurred the debt? Check one. | As of the date you me, the claim is | s. Crieck all that apply | | |
| ■ Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| ☐ Debtor 1 and Debtor 2 only | Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separ report as priority claims | ation agreement or divorce that you did not | | |
| ■ No | Debts to pension or profit-sharing | plans, and other similar debts | | |
| □Yes | ■ Other. Specify Bank N.A. | ompany Account Credit One | | |
| Midland Funding | Last 4 digits of account number | 3136 | \$724.00 | |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 939069 | When was the debt incurred? | Opened 06/17 | | |
| San Diego, CA 92193 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is | s: Check all that apply | | |
| ■ Debtor 1 only | ☐ Contingent | | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | |
| debt | | ation agreement or divorce that you did not | | |
| Is the claim subject to offset? | report as priority claims | | | |
| ■ No | Debts to pension or profit-sharing | | | |
| ☐Yes | Factoring C Other. Specify Bank N.A. | ompany Account Credit One | | |

Debtor 1 AMIE THOMAS

Document Page 30 of 64

Case number (if know)

| Navient | Last 4 digits of account number | 5956 | \$9,015.00 |
|---|--|---|------------|
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 9500 | When was the debt incurred? | Opened 02/16 Last Active 2/03/18 | |
| Wilkes-Barre, PA 18773 Number Street City State Zlp Code | As of the date you file, the claim | | |
| Who incurred the debt? Check one. | П о | | |
| Debtor 1 only | ☐ Contingent ☐ Unliquidated | | |
| Debtor 2 only | _ ' | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | |
| At least one of the debtors and another | Student loans | | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | _ | aration agreement or divorce that you did not | |
| ■ No | ☐ Debts to pension or profit-sharin | ng plans, and other similar debts | |
| ☐ Yes | Other. Specify | (g p) | |
| Tes | Educationa | | |
| | Ludcationa | 11 | |
| Portfolio Recovery Nonpriority Creditor's Name | Last 4 digits of account number | 4844 | \$1,039.00 |
| Po Box 41067 Norfolk, VA 23541 | When was the debt incurred? | Opened 07/17 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | Tactoring (Bank | Company Account Synchrony | |
| Portfolio Recovery | Last 4 digits of account number | 7917 | \$1,034.00 |
| Nonpriority Creditor's Name Po Box 41067 | When was the debt incurred? | Opened 06/17 | |
| Norfolk, VA 23541 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only ☐ Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | Tactoring (Other. Specify Bank | Company Account Synchrony | |

Entered 02/27/18 19:34:24 Case 18-05485 Doc 1 Filed 02/27/18 Desc Main Document Page 31 of 64 Debtor 1 AMIE THOMAS Case number (if know) 4.3 5666 \$520.00 Portfolio Recovery Last 4 digits of account number 8 Nonpriority Creditor's Name Po Box 41067 When was the debt incurred? **Opened 06/17** Norfolk, VA 23541 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No **Factoring Company Account Synchrony** ☐ Yes Other. Specify Bank 4.3 \$91.00 Southwest Credit Systems 6277 Last 4 digits of account number Nonpriority Creditor's Name 4120 International Parkway **Opened 10/17** When was the debt incurred? **Suite 1100** Carrollton, TX 75007 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection Attorney Att Mobility ☐ Yes Stanislaus Credit Control Service, 4.4 \$248.00 24N1 0 Last 4 digits of account number Nonpriority Creditor's Name Po Box 480 When was the debt incurred? Opened 4/17/17 Modesto, CA 95353 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one.

■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other, Specify Cep America Illinois

Page 32 of 64 Case number (if know) Document Debtor 1 AMIE THOMAS

| 4.4 1 | Stanislaus Credit Control Service, Inc. | Last 4 digits of account number 21N1 | \$216.00 |
|----------|--|---|---|
| | Nonpriority Creditor's Name Po Box 480 | When was the debt incurred? Opened 3/20/17 | |
| | Modesto, CA 95353 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Cep America Illinois | |
| 4.4 | Stanislaus Credit Control Service, Inc. | Last 4 digits of account number 84N1 | \$133.00 |
| | Nonpriority Creditor's Name Po Box 480 | When was the debt incurred? Opened 11/06/13 | |
| | Modesto, CA 95353 | When was the debt incurred? Opened 11/06/13 | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | | |
| | ☐ Yes | Other. Specify Cep America Illinois | |
| 4.4 3 | Stanislaus Credit Control Service, Inc. | Last 4 digits of account number 27N1 | \$133.00 |
| | Nonpriority Creditor's Name | | • |
| | Po Box 480 | When was the debt incurred? Opened 10/02/13 | |
| | Modesto, CA 95353 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the claim is. Offect all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | \square Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Cep America Illinois | |
| | | | |

Page 33 of 64 Case number (if know) Document Debtor 1 AMIE THOMAS

| 4.4 4 | Stanislaus Credit Control Service, Inc. | Last 4 digits of account number | 15N1 | \$133.00 |
|----------|--|---|--|----------|
| | Nonpriority Creditor's Name Po Box 480 | When was the debt incurred? | Opened 10/09/13 | |
| | Modesto, CA 95353 Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | , | or chook an mat apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | Debts to pension or profit-sharin | - · | |
| | Yes | Other. Specify Cep Americ | ca Illinois | |
| 4.4 5 | Stanislaus Credit Control Service, Inc. | Last 4 digits of account number | 18N1 | \$57.00 |
| | Nonpriority Creditor's Name Po Box 480 | When was the debt incurred? | Opened 8/12/14 | |
| | Modesto, CA 95353 | when was the debt incurred: | Opened 6/12/14 | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify Cep Americ | ca Illinois | |
| 4.4 | Stanislaus Credit Control Service, | Last 4 digits of account number | 62N1 | \$55.00 |
| | Nonpriority Creditor's Name | - | | |
| | Po Box 480 Modesto, CA 95353 | When was the debt incurred? | Opened 9/08/15 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | Пол | | |
| | _ ′ | Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | 1 claim: | |
| | At least one of the debtors and another | Student loans | . J. G. | |
| | ☐ Check if this claim is for a community debt | _ | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | agreement of divorce that you did flot | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify Cep Americ | ca Illinois | |

Case 18-05485 Doc 1 Filed 02/27/18 Entered 02/27/18 19:34:24

Desc Main Page 34 of 64 Document Debtor 1 AMIE THOMAS Case number (if know) 4.4 Syncb Bank/American Eagle 5666 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 03/14 Last Active Attn: Bankruptcy Po Box 965060 5/17/17 When was the debt incurred? Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes 4.4 Synchrony Bank/Amazon \$0.00 7917 Last 4 digits of account number 8 Nonpriority Creditor's Name Opened 12/13 Last Active Attn: Bankruptcy Po Box 965060 When was the debt incurred? 4/28/17 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes 4.4 Synchrony Bank/Care Credit 0163 \$16.00 9 Last 4 digits of account number Nonpriority Creditor's Name Opened 03/13 Last Active Attn: Bankruptcy Po Box 965060 When was the debt incurred? 2/13/18 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated

Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes

| Debt | or 1 AMIE THOMAS | Document Pag | e 35 o | of 64 se nun | mber (if know) | |
|--------------|---|---|-------------|-----------------|---------------------------------------|-------------------------|
| 4.5 | Synchrony Bank/Care Credit | Last 4 digits of account num | nber 10 | 046 | | \$0.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896 | When was the debt incurred | | pene 2/19/1 | d 3/14/13 Last Active | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the c | laim is: C | heck al | ll that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unse | cured cla | im: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a report as priority claims | separatio | n agree | ement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-s | sharing pla | ans, and | d other similar debts | |
| | Yes | Other. Specify Charge | Accou | nt | | |
| 4.5 | Synchrony Bank/Walmart | Last 4 digits of account nun | nber 48 | 344 | | \$0.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 | When was the debt incurred | 0 | pene 25/17 | d 03/15 Last Active | · |
| | Orlando, FL 32896 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the c | laim is: C | heck al | II that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unse | cured cla | im: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a report as priority claims | separatio | n agree | ement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-s | sharing pla | ans, and | d other similar debts | |
| | ☐ Yes | Other. Specify Charge | Accou | nt | | |
| Part | 3: List Others to Be Notified About a De | bt That You Already Listed | | | | |
| is tı hav | this page only if you have others to be notified a rying to collect from you for a debt you owe to so e more than one creditor for any of the debts that ified for any debts in Parts 1 or 2, do not fill out of | omeone else, list the original credi at you listed in Parts 1 or 2, list the | tor in Par | ts 1 or | 2, then list the collection agency | here. Similarly, if you |
| | and Address | On which entry in Part 1 or Part 2 di | • | _ | | |
| | & Gaines | Line 4.33 of (Check one): | | | editors with Priority Unsecured Clain | |
| | Glenn Ave. nette, IL 60091 | Last 4 digits of account number | ■ Par | rt 2: Cre | editors with Nonpriority Unsecured C | Claims |
| Part | 4: Add the Amounts for Each Type of U | | | | | |
| . Tot | al the amounts of certain types of unsecured cla e of unsecured claim. | | ical repor | ting pu | urposes only. 28 U.S.C. §159. Add | the amounts for each |
| | | | | | Total Claim | |
| | 6a. Domestic support obligation | s | 6a | а. | \$ 0.00 | |
| | Total | | | | | |

| | | | | lotal Claim |
|--------------|-----|---|-----|-------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | | | | |

Case 18-05485 Doc 1 Filed 02/27/18 Entered 02/27/18 19:34:24 Desc Main Page 36 of 64 Case number (if know) Document

Debtor 1 AMIE THOMAS

| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
|-----------------------|------------|---|------------|---------------------------------|
| Total | 6f. | Student loans | 6f. | \$ Total Claim 111,177.00 |
| claims from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. 6i. | Debts to pension or profit-sharing plans, and other similar debts Other. Add all other nonpriority unsecured claims. Write that amount here. | 6h. 6i. | \$ 0.00 18,495.95 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 129,672.95 |

Fill in this information to identify your case: Debtor 1 **AMIE THOMAS** Middle Name First Name Last Name Debtor 2 Middle Name Last Name (Spouse if, filing) First Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) ☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | Company with Name, Number | whom you have the street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|-----|-----------|------------------------------|---|---------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | <u> </u> |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | _ |
| 2.4 | <u> </u> | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.5 | | | | | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | |

Case 18-05485 Doc 1 Filed 02/27/18 Entered 02/27/18 19:34:24 Desc Main

| | | Docume | ent Page 38 o | <u>f 64</u> |
|--------------------------------|---|-------------------------------|-------------------------|--|
| Fill in this | information to identify your | case: | | |
| Debtor 1 | AMIE THOMAS | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing | ng) First Name | Middle Name | Last Name | |
| (Spouse II, IIIII | ng) i iist waine | Middle Name | Last Name | |
| United Sta | tes Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case num | ber | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |
| Officia | l Form 106H | | | |
| | | - l- 4 - m- | | |
| Sched | lule H: Your Cod | eptors | | 12/15 |
| our name | nd number the entries in the and case number (if known) you have any codebtors? (If | . Answer every question | | o this page. On the top of any Additional Pages, write as a codebtor. |
| ■ No | | | | |
| ☐ Yes | | | | |
| | | | | |
| | hin the last 8 years, have you a, California, Idaho, Louisiana, | | | y? (Community property states and territories include ngton, and Wisconsin.) |
| ■ No. | Go to line 3. | | | |
| ☐ Yes | s. Did your spouse, former spou | use, or legal equivalent live | e with you at the time? | |
| in line Form | e 2 again as a codebtor only i | f that person is a guaran | tor or cosigner. Make s | if your spouse is filing with you. List the person shown sure you have listed the creditor on Schedule D (Official 6G). Use Schedule D, Schedule E/F, or Schedule G to fil |
| | Column 1: Your codebtor Name, Number, Street, City, State and Zl | P Code | | Column 2: The creditor to whom you owe the debt Check all schedules that apply: |
| 3.1 | | | | ☐ Schedule D, line |
| | Name | | | ☐ Schedule E/F, line |
| | | | | ☐ Schedule G, line |
| - | Number Street | | | _ |
| | City | State | ZIP Code | |
| | | | | |
| 3.2 | | | | ☐ Schedule D, line |
| | Name | | | ☐ Schedule E/F, line |
| | | | | ☐ Schedule G, line |
| - | Number Street | | | _ |

State

City

ZIP Code

Case 18-05485 Doc 1 Filed 02/27/18 Entered 02/27/18 19:34:24 Desc Main Document Page 39 of 64

| E III | in this information to identify us | | | | | I | | | | |
|--------------------|--|---|--|--------------|----------------|-------------------------------------|------------|----------------------|-----------------------------|-----------------|
| | in this information to identify you | | | | | | | | | |
| | otor 2 ouse, if filing) | | | | _ | | | | | |
| Uni | ted States Bankruptcy Court fo | r the: NORTHERN DISTRIC | CT OF ILLINOIS | | _ | | | | | |
| | se number | | - | | | | dec mei | nt show | ing postpetition | |
| 0 | fficial Form 106I | | | | | MM / DD | / Y\ | ΥΥ | - | |
| S | chedule I: Your II | ncome | | | | | | | | 12/15 |
| sup spo atta | as complete and accurate as plying correct information. If use. If you are separated and ch a separate sheet to this fo Describe Employm | you are married and not fili your spouse is not filing w rm. On the top of any additi | ng jointly, and your ith you, do not inclu | spouse i | s liv natio | ing with you, ir on about your s | clu poi | de info ıse. If n | rmation about nore space is | your needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | Debto | r 2 | or non- | -filing spouse | |
| | If you have more than one job | o, Employment status | ☐ Employed | | | ☐ Em | plo | /ed | | |
| | attach a separate page with information about additional employers. | Occupation | ■ Not employed | | | □ No | t em | ployed | | |
| | Include part-time, seasonal, c self-employed work. | • | | | | | | | | |
| | Occupation may include stude or homemaker, if it applies. | ent Employer's address | | | | | | | | |
| | | How long employed t | here? | | | | | | | |
| Par | Give Details About | Monthly Income | | | | | | | | |
| | mate monthly income as of thuse unless you are separated. | ne date you file this form. If | you have nothing to i | report for a | any I | ine, write \$0 in t | he s | pace. I | nclude your no | n-filing |
| - | u or your non-filing spouse hav e space, attach a separate shee | | ombine the information | on for all e | mplo | oyers for that pe | rsor | on the | lines below. If | you need |
| | | | | | | For Debtor 1 | | | ebtor 2 or iling spouse | |
| 2. | List monthly gross wages, deductions). If not paid mont | | | 2. | \$ | 0.0 | 0_ | \$ | N/A | |
| 3. | Estimate and list monthly o | vertime pay. | | 3. | +\$ | 0.0 | 0_ | +\$_ | N/A | |
| 4. | Calculate gross Income. Ad | dd line 2 + line 3. | | 4. | \$ | 0.00 | | \$_ | N/A | |

Case 18-05485 Doc 1 Filed 02/27/18 Entered 02/27/18 19:34:24 Desc Main Document Page 40 of 64

| Debt | tor 1 | AMIE THOMAS | - | C | ase r | number (<i>if ki</i> | nown) | | | | |
|------|---------------|---|----------------|-----|-------------|-----------------------|-------|---------------|------------------------|---------------------|-----------------|
| | | | | | For | Debtor 1 | | | r Debtor n-filing s | | |
| | Сор | y line 4 here | 4. | - | \$ | | 0.00 | \$ | 9 | N/A | _ |
| 5. | List | all payroll deductions: | | | | | | _ | | | _ |
| ٥. | 5a. | Tax, Medicare, and Social Security deductions | 5a | | \$ | | 0.00 | \$ | | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b | | \$ | | 0.00 | \$ | | N/A | _ |
| | 5c. | Voluntary contributions for retirement plans | 5c. | | <u>\$</u> — | | 0.00 | * \$ - | | N/A | _ |
| | 5d. | Required repayments of retirement fund loans | 5d | | \$ | | 0.00 | \$ | | N/A | _ |
| | 5e. | Insurance | 5e | | <u>\$</u> — | | 0.00 | \$ | | N/A | _ |
| | 5f. | Domestic support obligations | 5f. | | <u>*</u> — | | 0.00 | \$ | | N/A | _ |
| | 5g. | Union dues | 5g | | \$ | | 0.00 | \$ | | N/A | _ |
| | 5h. | Other deductions. Specify: | 5h | | <u>\$</u> — | | 0.00 | | | N/A | _ |
| 6. | | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | _ 6. | | * — \$ | | 0.00 | \$ | | N/A | _ |
| 7. | | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ | | 0.00 | \$ | | N/A | - |
| 8. | | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | | · '- | | | - |
| | | monthly net income. | 8a | ١. | \$ | (| 0.00 | \$ | | N/A | |
| | 8b. | Interest and dividends | 8b |). | \$ | (| 0.00 | \$ | | N/A | _ |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | ·. | \$ | 1,500 | 0.00 | \$ | | N/A | |
| | 8d. | Unemployment compensation | 8d | l. | \$ | | 0.00 | \$ | | N/A | _ |
| | 8e. | Social Security | 8e | : | \$ | (| 0.00 | \$ | | N/A | _ |
| | 8f. 8g. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Link Card Pension or retirement income | - 8f. 8g | | \$ | | 3.00 | \$_ \$_ | | N/A N/A | _ |
| | 8h. | Other monthly income. Specify: Boyfriend | 8h | | \$ | | 0.00 | + \$ | | N/A | _ |
| 0 | A .1.1 | | _ ^ | [· | | 0.50 | | | | N1/ | - .] |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | | 2,52 | 3.00 | \$_ | | N/A | 4 |
| 10. | Calo | culate monthly income. Add line 7 + line 9. | 10. | \$ | 2 | 2,523.00 | + \$ | | N/A | = \$ | 2,523.00 |
| | Add | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | L | | | | | | | | |
| 11. | Inclu othe | e all other regular contributions to the expenses that you list in <i>Schedule</i> ude contributions from an unmarried partner, members of your household, your refriends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify: | depe | | - | • | | | Schedule | e <i>J</i> . +\$ | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies | | | | | | | e. 12. | \$ | 2,523.00 |
| | | | | | | | | | | Combi | ned y income |
| 13. | Do y | you expect an increase or decrease within the year after you file this form No. Yes. Explain: | ? | | | | | | | onull | y moonie |

Case 18-05485 Doc 1 Filed 02/27/18 Entered 02/27/18 19:34:24 Desc Main Document Page 41 of 64

| Fill | in this informat | tion to identify yo | our case: | | | | | |
|-----------|-----------------------------|--------------------------------|--------------|---|--|-----------------|---------------------------------|---|
| Deb | tor 1 | AMIE THOM | AS | | | | k if this is: An amended filing | |
| | otor 2 ouse, if filing) | | | | | | • | ving postpetition chapter the following date: |
| Unit | ed States Bankr | uptcy Court for the | : NORTH | IERN DISTRICT OF ILLIN | OIS | - | MM / DD / YYYY | |
| | e number nown) | | | | | | | |
| Of | fficial Fo | rm 106J | | | | | | |
| | | J: Your | | | | | | 12/1 |
| info | ormation. If m | | eded, atta | If two married people ar ch another sheet to this n. | | | | |
| Par 1. | t 1: Descr | ibe Your House | ehold | | | | | |
| | ■ No. Go to | | in a senar | ate household? | | | | |
| | □ No | 0 | • | al Form 106J-2, <i>Expenses</i> | s for Separate House | ehold of Debt | or 2. | |
| 2. | Do you have | e dependents? | □ No | | | | | |
| | Do not list De Debtor 2. | ebtor 1 and | ■ Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? |
| | Do not state | | | | Son | | 10 | □ No ■ Yes |
| | dependents i | names. | | | 3011 | | - 10 | ■ Yes □ No |
| | | | | | Daughter | | 12 | Yes |
| | | | | | Daughter | | 13 | □ No ■ Yes |
| | | | | | _ | | | □ No |
| 3. | Do your eyn | enses include | _ | | Daughter | | 17 | ■ Yes |
| J. | expenses of | people other t your depende | | No Yes | | | | |
| exp | imate your ex | | our bankr | y Expenses uptcy filing date unless y y is filed. If this is a supp | | | | |
| the | | n assistance an | | government assistance i luded it on <i>Schedule I:</i> \ | | | Your exp | enses |
| 4. | | r home owners | | ses for your residence. I | nclude first mortgag | e 4. \$ | | 1,550.00 |
| | If not includ | ed in line 4: | - | | | | | |
| | 4a. Real e | state taxes | | | | 4a. \$ | | 0.00 |
| | | rty, homeowner's | s, or renter | 's insurance | | 4b. \$ | | 0.00 |
| | | | | ipkeep expenses | | 4c. \$ | | 50.00 |
| 5. | | owner's associat | | dominium dues our residence, such as ho | me equity loans | 4d. \$ 5. \$ | | 0.00 |
| ٠. | | | ioi y | | 540, 100.10 | σ. ψ | | 5.00 |

Case 18-05485 Doc 1 Filed 02/27/18 Entered 02/27/18 19:34:24 Desc Main Document Page 42 of 64

| | AMIE THOMAS | 0000 | ber (if known) | |
|-------------------|--|-------------|--------------------|-----------------------------|
| S. Utiliti | es: | | | |
| 6a. | Electricity, heat, natural gas | 6a. | \$ | 270.00 |
| 6b. | Water, sewer, garbage collection | 6b. | · - | 105.00 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | · | 265.00 |
| 6d. | Other. Specify: | 6d. | \$ | 0.00 |
| | and housekeeping supplies | — 7. | \$ | 850.00 |
| | care and children's education costs | 8. | \$ | 0.00 |
| | ing, laundry, and dry cleaning | 9. | \$ | |
| | onal care products and services | 9. 10. | \$ | 50.00 |
| | • | | · | 50.00 |
| | cal and dental expenses | 11. | \$ | 50.00 |
| | sportation. Include gas, maintenance, bus or train fare. ot include car payments. | 12. | \$ | 200.00 |
| | tainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 20.00 |
| | itable contributions and religious donations | 14. | \$ | 0.00 |
| | • | 14. | Φ | 0.00 |
| 5. Insur | ance. ot include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | Life insurance | 15a. | \$ | 0.00 |
| | Health insurance | 15b. | | |
| | Vehicle insurance | 15b. | · | 0.00 140.00 |
| | | | · - | |
| | Other insurance. Specify: | 15d. | > | 0.00 |
| 6. Taxes Speci | Do not include taxes deducted from your pay or included in lines 4 or 20. fy: | 16. | \$ | 0.00 |
| | llment or lease payments: | | | |
| 17a. | Car payments for Vehicle 1 | 17a. | \$ | 0.00 |
| 17b. | Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| 17c. | Other. Specify: | 17c. | \$ | 0.00 |
| | Other. Specify: | 17d. | \$ | 0.00 |
| | payments of alimony, maintenance, and support that you did not report as | | · | |
| | cted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0.00 |
| | r payments you make to support others who do not live with you. | | \$ | 0.00 |
| Speci | fy: | 19. | | |
| 0. Othe r | r real property expenses not included in lines 4 or 5 of this form or on Sche | dule I: Yo | our Income. | |
| 20a. | Mortgages on other property | 20a. | \$ | 0.00 |
| 20b. | Real estate taxes | 20b. | \$ | 0.00 |
| 20c. | Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| 20d. | Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | Homeowner's association or condominium dues | 20e. | \$ | 0.00 |
| | r: Specify: | 21. | | 0.00 |
| Juiei | | | -Ψ | 0.00 |
| | ılate your monthly expenses | | | |
| 22a. / | Add lines 4 through 21. | | \$ | 3,600.00 |
| 22b. (| Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| | Add line 22a and 22b. The result is your monthly expenses. | | \$ | 3,600.00 |
| | | | | 0,000.00 |
| | ılate your monthly net income. | | | _ |
| 23a. | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 2,523.00 |
| 23b. | Copy your monthly expenses from line 22c above. | 23b. | -\$ | 3,600.00 |
| 23c. | Subtract your monthly expenses from your monthly income. | | _ | |
| | The result is your monthly net income. | 23c. | \$ | -1,077.00 |
| | ou expect an increase or decrease in your expenses within the year after yo | u file this | form? | |
| 24. Do y o | | | | |
| For ex | cample, do you expect to finish paying for your car loan within the year or do you expect your cation to the terms of your mortgage? | | payment to increas | se or decrease because of a |
| For ex | cation to the terms of your mortgage? | | payment to increas | se or decrease because of a |

Case 18-05485 Doc 1 Filed 02/27/18 Entered 02/27/18 19:34:24 Desc Main Document Page 43 of 64

| Fill in this infor | mation to identify your | case: | | | |
|---------------------|--|--------------------------|--------------------------|-----------------------------|---|
| Debtor 1 | AMIE THOMAS | | | | |
| Debior 1 | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | | ☐ Check if this is an amended filing |
| Official For | | ın Individual | Dobtor's Sa | chodulos | |
| <u>Declara</u> | tion About 8 | III III aiviaaai | Deptol 3 Oc | ilcaulcs | 12/15 |
| | I8 U.S.C. §§ 152, 1341, 1 ∣n Below | 519, and 3571. | | | |
| Did you pa | ay or agree to pay some | one who is NOT an attor | ney to help you fill out | bankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. | Name of person | | | | cy Petition Preparer's Notice, Signature (Official Form 119) |
| | alty of perjury, I declare re true and correct. | that I have read the sum | mary and schedules file | ed with this declaration an | d |
| χ /e/ ΔM | IIE THOMAS | | X | | |
| | THOMAS | | Signature of | f Debtor 2 | |
| | ure of Debtor 1 | | - 3 | | |
| Date | February 27, 2018 | | Date | | |

Case 18-05485 Doc 1 Filed 02/27/18 Entered 02/27/18 19:34:24 Desc Main Document Page 44 of 64

| Fil | l in this inform | nation to identify you | r case: | | | |
|------------|--|--|---|--|--|---|
| | ebtor 1 | AMIE THOMAS | 1 0030. | | | |
| | | First Name | Middle Name | Last Name | | |
| 1 - | ebtor 2 ouse if, filing) | First Name | Middle Name | Last Name | | |
| Un | ited States Bar | nkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Ca | ise number | | | | | |
| | nown) | | | | | Check if this is an amended filing |
| \bigcirc | fficial Ear | rm 107 | | | | |
| _ | fficial For | | Affairs for Indivi | duals Filing for E | Bankruptcy | 4/10 |
| info | ormation. If m mber (if knowr | ore space is needed n). Answer every que | , attach a separate sheet to | are filing together, both are this form. On the top of an u Lived Before | | |
| 1. | | current marital statu | | a 2110a 201010 | | |
| | _ | | | | | |
| | ✓ Married✓ Not mar | ried | | | | |
| 2. | During the la | ast 3 years, have you | lived anywhere other than | where you live now? | | |
| | □ No | | · | · | | |
| | _ | t all of the places you | lived in the last 3 years. Do n | not include where you live nov | v. | |
| | Debtor 1 Pr | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | ddress: | Dates Debtor 2 lived there |
| | _ | ackhawk Dr. in, IL 60177 | From-To: 03/2013 to 08/2016 | ☐ Same as Debtor | 1 | ☐ Same as Debtor 1 From-To: |
| | No Yes. Ma rt 2 Explai Did you have Fill in the tota | n the Sources of You e any income from er all amount of income you | hedule H: Your Codebtors (Cour Income mployment or from operation received from all jobs and | gal equivalent in a commurevada, New Mexico, Puerto Rofficial Form 106H). Ing a business during this yeall businesses, including partice together, list it only once universes. | ear or the two previous ca | l Wisconsin.) |
| | ■ No | in the details. | | 3, <u></u> | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |

Case 18-05485 Filed 02/27/18 Entered 02/27/18 19:34:24 Document Page 45 of 64 **AMIE THOMAS** Case number (if known) Debtor 1 Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Sources of income **Gross income** Gross income from Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) From January 1 of current year until Child Support \$2,100.00 the date you filed for bankruptcy: For last calendar year: **Child Support** \$18,000.00 (January 1 to December 31, 2017) For the calendar year before that: **Child Support** \$18,000.00 (January 1 to December 31, 2016) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? \square No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. **Creditor's Name and Address Dates of payment Total amount** Amount you Was this payment for ... still owe paid Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

Doc 1

Total amount

paid

Amount you

still owe

Dates of payment

Yes. List all payments to an insider.

Insider's Name and Address

Reason for this payment

Desc Main

Case 18-05485 Doc 1 Filed 02/27/18 Entered 02/27/18 19:34:24 Desc Main

Document Page 46 of 64 Debtor 1 AMIE THOMAS Case number (if known) Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. No Yes. List all payments to an insider **Insider's Name and Address Total amount** Amount you Reason for this payment Dates of payment paid still owe Include creditor's name Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. ☐ No Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number Midland Funding LLC v. Amie Collection **Kane County Circuit Court** Pending **Thomas** 100 S. 3rd St. □ On appeal 18SC000261 Geneva, IL 60134 □ Concluded 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address Describe the Property** Value of the Date property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Nο

Yes. Fill in the details for each gift.

per person

Address:

Official Form 107

Gifts with a total value of more than \$600

Person to Whom You Gave the Gift and

Describe the gifts

Value

Dates you gave the gifts Case 18-05485 Doc 1 Filed 02/27/18 Entered 02/27/18 19:34:24 Desc Main Document Page 47 of 64 Case number (if known)

| 14. | Within 2 years before you filed for bankr | uptcy, d | lid you give any gifts or contributions | s with a total | value of more than | \$600 to any charity? |
|-----|---|--------------------|---|----------------|---|------------------------|
| | No No | | | | | |
| | Yes. Fill in the details for each gift or c | | | | | |
| | Gifts or contributions to charities that t more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code | | Describe what you contributed | | Dates you contributed | Value |
| Par | t 6: List Certain Losses | | | | | |
| 15. | Within 1 year before you filed for bankru or gambling? | ptcy or | since you filed for bankruptcy, did yo | ou lose anyth | ning because of thef | t, fire, other disaste |
| | ■ No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Describe the property you lost and | Descri | be any insurance coverage for the lo | SS | Date of your | Value of property |
| | how the loss occurred | Include | the amount that insurance has paid. Lice claims on line 33 of Schedule A/B: F | st pending | loss | los |
| Par | t 7: List Certain Payments or Transfers | 3 | | | | |
| 16. | Within 1 year before you filed for bankru consulted about seeking bankruptcy or placed any attorneys, bankruptcy petition position of the consultation in the details. | preparir | ng a bankruptcy petition? | | | rty to anyone you |
| | | | Description and value of any property | | Data maximum | Amount o |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Y | ou ' | Description and value of any prope transferred | erty | Date payment or transfer was made | Amount o paymen |
| | ASM Law, P.C. 11 DOUGLAS AVE. SUITE 203 Elgin, IL 60120 | | Attorney Fees | | 02/26/2018 | \$800.00 |
| 17. | Within 1 year before you filed for bankru promised to help you deal with your cred Do not include any payment or transfer that | ditors o | r to make payments to your creditors | | r transfer any prope | rty to anyone who |
| | No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Person Who Was Paid Address | | Description and value of any prope transferred | erty | Date payment or transfer was made | Amount o paymen |
| 18. | Within 2 years before you filed for bankri transferred in the ordinary course of you Include both outright transfers and transfers include gifts and transfers that you have alre- | ir busin made a | ess or financial affairs? as security (such as the granting of a se | | | |
| | No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Person Who Received Transfer Address | | Description and value of property transferred | | ny property or received or debts change | Date transfer was made |
| | Person's relationship to you | | | | 3 | |

Case 18-05485 Filed 02/27/18 Entered 02/27/18 19:34:24 Desc Main Doc 1 Document

Page 48 of 64 Case number (if known) Debtor 1 **AMIE THOMAS**

| 19. | beneficiary? (These are often called asset-protein No | | property to a | self-settle | d trust or similar device o | of which you are a |
|-----|---|--|----------------------------|-------------|--|---|
| | Yes. Fill in the details. | | | | | |
| | Name of trust | Description and va | alue of the pro | perty trans | ferred | Date Transfer was made |
| Pai | t 8: List of Certain Financial Accounts, Instr | uments, Safe Deposit | Boxes, and St | orage Unit | s | |
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or chouses, pension funds, cooperatives, associa | other financial accoun | ts; certificates | of deposi | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution and L | ast 4 digits of account number | Type of account instrument | unt or | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 year cash, or other valuables? | ar before you filed for | bankruptcy, ar | ny safe dep | posit box or other deposi | tory for securities, |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acce Address (Number, State and ZIP Code) | | Describe | the contents | Do you still have it? |
| 22. | Have you stored property in a storage unit or p | place other than your | home within 1 | year befor | e you filed for bankruptc | y? |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had to it? Address (Number, State and ZIP Code) | | Describe | the contents | Do you still have it? |
| Pai | t 9: Identify Property You Hold or Control fo | r Someone Else | | | | |
| 23. | Do you hold or control any property that some for someone. | eone else owns? Inclu | de any proper | ty you bori | rowed from, are storing fo | or, or hold in trust |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prope (Number, Street, City, St Code) | | Describe | the property | Value |
| Pai | t 10: Give Details About Environmental Inform | mation | | | | |
| For | the purpose of Part 10, the following definition | s apply: | | | | |
| | Environmental law means any federal, state, o toxic substances, wastes, or material into the regulations controlling the cleanup of these states. | air, land, soil, surface | water, ground | | | |
| | Site means any location, facility, or property a to own, operate, or utilize it, including disposa | | nvironmental I | aw, wheth | er you now own, operate | , or utilize it or used |
| | Hazardous material means anything an enviro hazardous material, pollutant, contaminant, or | | s a hazardous | waste, ha | zardous substance, toxic | substance, |

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Case 18-05485 Doc 1 Filed 02/27/18 Entered 02/27/18 19:34:24 Desc Main Page 49 of 64 Case number (if known) Document

Debtor 1 AMIE THOMAS

| 24. | Has any governmental unit notified you that | you may be liable or potentially liable | under or in violation of an environme | ental law? |
|-----|--|--|--|--------------------|
| | ■ No □ Yes. Fill in the details. | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
| 25. | Have you notified any governmental unit of a | nny release of hazardous material? | | |
| | ■ No □ Yes. Fill in the details. | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
| 26. | Have you been a party in any judicial or adm | inistrative proceeding under any envi | ronmental law? Include settlements a | ind orders. |
| | ■ No □ Yes. Fill in the details. | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case |
| Par | 11: Give Details About Your Business or C | connections to Any Business | | |
| 27. | Within 4 years before you filed for bankrupto | y, did you own a business or have an | y of the following connections to any | business? |
| | ☐ A sole proprietor or self-employed in | a trade, profession, or other activity, | either full-time or part-time | |
| | ☐ A member of a limited liability compa | any (LLC) or limited liability partnershi | p (LLP) | |
| | ☐ A partner in a partnership | | | |
| | ☐ An officer, director, or managing exe | cutive of a corporation | | |
| | ☐ An owner of at least 5% of the voting | or equity securities of a corporation | | |
| | ■ No. None of the above applies. Go to Pa | art 12. | | |
| | ☐ Yes. Check all that apply above and fill i | n the details below for each business | | |
| | Business Name Address | Describe the nature of the business | Employer Identification number Do not include Social Security i | |
| | | Name of accountant or bookkeeper | Dates business existed | iumber of friit. |
| 28. | Within 2 years before you filed for bankrupto institutions, creditors, or other parties. | y, did you give a financial statement t | o anyone about your business? Inclu | de all financial |
| | ■ No | | | |
| | Yes. Fill in the details below. | Data legued | | |
| | Name Address (Number, Street, City, State and ZIP Code) | Date Issued | | |

Case 18-05485 Doc 1 Filed 02/27/18 Entered 02/27/18 19:34:24 Desc Main Document

Page 50 of 64
Case number (if known) Debtor 1 AMIE THOMAS

| /s/ AMIE THOMAS | |
|-----------------------------------|--|
| | |
| AMIE THOMAS Signature of Debtor 2 | |
| Signature of Debtor 1 | |
| Date February 27, 2018 Date | |

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Case 18-05485 Doc 1 Filed 02/27/18 Entered 02/27/18 19:34:24 Desc Main Document Page 51 of 64

| | nation to identify your | case: | | |
|--|--|--|--|---|
| Debtor 1 | AMIE THOMAS First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | |
| (Spouse II, IIIIIg) | i iist ivailie | Wildule Name | Last Name | |
| United States Bar | nkruptcy Court for the: | NORTHERN DIS | TRICT OF ILLINOIS | |
| Case number | | | | ☐ Check if this is an amended filing |
| Official For | | n for Indiv | viduals Filing Under Chap | oter 7 12/15 |
| creditors have you have lease You must file this | ver is earlier, unless th | ur property, or nd the lease has n ithin 30 days after | | e set for the meeting of creditors, the creditors and lessors you list |
| | ople are filing togethe d date the form. | r in a joint case, bo | th are equally responsible for supplying correc | t information. Both debtors must |
| | nd accurate as possib our name and case nur | | s needed, attach a separate sheet to this form. (| On the top of any additional pages, |
| Part 1: List Yo | our Creditors Who Hav | e Secured Claims | | |
| For any creditorinformation be | | art 1 of Schedule D | : Creditors Who Have Claims Secured by Prope | erty (Official Form 106D), fill in the |
| | editor and the property t | hat is collateral | What do you intend to do with the property t secures a debt? | hat Did you claim the property as exempt on Schedule C? |
| Creditor's | | | □ Surrander the property | □ No |
| name: | | | ☐ Surrender the property.☐ Retain the property and redeem it. | □ NO |
| | | | Retain the property and enter into a | ☐ Yes |
| Description of | | | Reaffirmation Agreement. | |
| property | | | ☐ Retain the property and [explain]: | |
| securing debt: | | | | |

Official Form 108

Creditor's

Creditor's

Description of

securing debt:

Description of

securing debt:

name:

property

Creditor's

name:

property

Statement of Intention for Individuals Filing Under Chapter 7

☐ Surrender the property.

☐ Surrender the property.

☐ Surrender the property.

☐ Retain the property and redeem it.

☐ Retain the property and enter into a

Reaffirmation Agreement.

☐ Retain the property and [explain]:

☐ Retain the property and redeem it.

 \square Retain the property and enter into a

Reaffirmation Agreement.

☐ Retain the property and [explain]:

□ No

☐ Yes

☐ No

☐ Yes

☐ No

Case 18-05485 Doc 1 Filed 02/27/18 Entered 02/27/18 19:34:24 Desc Main Document Page 52 of 64

| Debtor 1 AMIE THOMAS | | Case number (if known) | | |
|--|---|--|---------------------------------|--|
| name: Descrip propert securin | у | □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: | □ Yes | |
| For any u | rmation below. Do not list real estate le | y Leases you listed in Schedule G: Executory Contracts and Unexpired eases. Unexpired leases are leases that are still in effect; the y lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2 | lease period has not yet ended. | |
| Describe | your unexpired personal property leas | ses | Will the lease be assumed? | |
| Lessor's r Description Property: | name: nn of leased | | □ No □ Yes | |
| Lessor's r Description Property: | name: on of leased | | □ No | |
| Lessor's r Description Property: | name: on of leased | | □ No □ Yes | |
| Lessor's r Description Property: | name: on of leased | | □ No □ Yes | |
| Lessor's r Description Property: | name: on of leased | | □ No □ Yes | |
| Lessor's r Description Property: | name: on of leased | | □ No □ Yes | |
| Lessor's r Description | name: on of leased | | □ No | |
| Part 3: | Sign Below | licated my intention about any property of my estate that sec | | |
| | hat is subject to an unexpired lease. | | any percental | |
| | AMIE THOMAS | Signature of Debtor 2 | | |
| | E THOMAS ature of Debtor 1 | Signature of Debtor 2 | | |
| Date | February 27, 2018 | Date | | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-05485 Doc 1 Filed 02/27/18 Entered 02/27/18 19:34:24 Desc Main Document Page 57 of 64

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

| In r | e AMIE THOMAS | | Case No. | |
|------|--|---|--|-------------------------------------|
| | | Debtor(s) | Chapter | 7 |
| | DISCLOSURE OF COMPEN | SATION OF ATTO | RNEY FOR DE | EBTOR(S) |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of | of the petition in bankruptcy | , or agreed to be paid | to me, for services rendered or to |
| | For legal services, I have agreed to accept | | \$ | 800.00 |
| | Prior to the filing of this statement I have received | | \$ | 800.00 |
| | Balance Due | | \$ | 0.00 |
| 2. | \$ of the filing fee has been paid. | | | |
| 3. | The source of the compensation paid to me was: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 4. | The source of compensation to be paid to me is: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 5. | ■ I have not agreed to share the above-disclosed compen | nsation with any other person | n unless they are mem | bers and associates of my law firm. |
| | ☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the name | | | |
| 6. | In return for the above-disclosed fee, I have agreed to rend | der legal service for all aspec | cts of the bankruptcy of | ease, including: |
| | a. Analysis of the debtor's financial situation, and renderi b. Preparation and filing of any petition, schedules, staten c. Representation of the debtor at the meeting of creditors d. Representation of the debtor in adversary proceedings e. [Other provisions as needed] | ment of affairs and plan whices and confirmation hearing, a | th may be required; and any adjourned hea | |
| 7. | By agreement with the debtor(s), the above-disclosed fee of | does not include the following | ng service: | |
| | | CERTIFICATION | | |
| this | I certify that the foregoing is a complete statement of any abankruptcy proceeding. | agreement or arrangement fo | or payment to me for re | epresentation of the debtor(s) in |
| | February 27, 2018 | /s/ ADIL S. MOH | AMMED | |
| _ | Date | ADIL S. MOHAM | MED | |
| | | Signature of Attorn ASM Law, P.C. | ney | |
| | | 11 DOUGLAS AV | VE. | |
| | | SUITE 203 Elgin, IL 60120 | | |
| | | | | |
| | | Name of law firm | | |

Case 18-05485 Doc 1 Filed 02/27/18 Entered 02/27/18 19:34:24 Desc Main Document Page 58 of 64

United States Bankruptcy Court Northern District of Illinois

| In re | AMIE THOMAS | | Case No. | |
|-------|--|---------------------------------------|------------------------------|----------------|
| | | Debtor(s) | Chapter 7 | |
| | VE | RIFICATION OF CREDITOR N | MATRIX | |
| | | Number o | f Creditors: | 52 |
| | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of cred | itors is true and correct to | the best of my |
| Date: | February 27, 2018 | /s/ AMIE THOMAS AMIE THOMAS | | |

Bank Of America Nc4-105-03-14 Po Box 26012 Greensboro, NC 27410

Blitt & Gaines 661 Glenn Ave. Wilmette, IL 60091

Capital One Attn: General Correspondence/Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Capital One Attn: General Correspondence/Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Cardworks/CW Nexus Attn: Bankruptcy Po Box 9201 Old Bethpage, NY 11804

Citibank/The Home Depot Citicorp Cr Srvs/Centralized Bankruptcy Po Box 790040 St Louis, MO 63129

Comenity Bank/Victoria Secret Attn: Bankruptcy Po Box 182125 Columbus, OH 43218

Credit One Bank Attn: Bankruptcy Po Box 98873 Las Vegas, NV 89193

Credit One Bank Attn: Bankruptcy Po Box 98873 Las Vegas, NV 89193 Dept Of Ed/Navient Attn: Claims Dept P.O. Box 9635 Wilkes Barr, PA 18773

Dept Of Ed/Navient Attn: Claims Dept P.O. Box 9635 Wilkes Barr, PA 18773

Dept Of Ed/Navient Attn: Claims Dept P.O. Box 9635 Wilkes Barr, PA 18773

Dept Of Ed/Navient Attn: Claims Dept P.O. Box 9635 Wilkes Barr, PA 18773

Dept Of Ed/Navient Attn: Claims Dept P.O. Box 9635 Wilkes Barr, PA 18773

Dept Of Ed/Navient Attn: Claims Dept P.O. Box 9635 Wilkes Barr, PA 18773

Dept Of Ed/Navient Attn: Claims Dept P.O. Box 9635 Wilkes Barr, PA 18773

Dept Of Ed/Navient Attn: Claims Dept P.O. Box 9635 Wilkes Barr, PA 18773

Dept Of Ed/Navient Attn: Claims Dept P.O. Box 9635 Wilkes Barr, PA 18773 Dept Of Ed/Navient Attn: Claims Dept P.O. Box 9635 Wilkes Barr, PA 18773

Dept Of Ed/Navient Attn: Claims Dept P.O. Box 9635 Wilkes Barr, PA 18773

Dept Of Ed/Navient Attn: Claims Dept P.O. Box 9635 Wilkes Barr, PA 18773

Dept Of Ed/Navient Attn: Claims Dept P.O. Box 9635 Wilkes Barr, PA 18773

Dept Of Ed/Navient Attn: Claims Dept P.O. Box 9635 Wilkes Barr, PA 18773

Fingerhut
Bankruptcy Dept
6250 Ridgewood Rd
Saint Cloud, MN 56303

First Premier Bank 601 S Minnesota Ave Sioux Falls, SD 57104

First Premier Bank 601 S Minnesota Ave Sioux Falls, SD 57104

First Savings Credit Card Po Box 5019 Sioux Falls, SD 57117

I C System Inc 444 Highway 96 East P.O. Box 64378 St. Paul, MN 55164 I C System Inc 444 Highway 96 East P.O. Box 64378 St. Paul, MN 55164

I C System Inc 444 Highway 96 East P.O. Box 64378 St. Paul, MN 55164

I C System Inc 444 Highway 96 East P.O. Box 64378 St. Paul, MN 55164

Kohls/Capital One Kohls Credit Po Box 3043 Milwaukee, WI 53201

Law Offices of Janet W. Ellingson 1250 Larkin Ave. Suite 220 Elgin, IL 60123

Midland Funding Attn: Bankruptcy Po Box 939069 San Diego, CA 92193

Midland Funding Attn: Bankruptcy Po Box 939069 San Diego, CA 92193

Navient Attn: Bankruptcy Po Box 9500 Wilkes-Barre, PA 18773

Portfolio Recovery Po Box 41067 Norfolk, VA 23541 Portfolio Recovery Po Box 41067 Norfolk, VA 23541

Portfolio Recovery Po Box 41067 Norfolk, VA 23541

Southwest Credit Systems 4120 International Parkway Suite 1100 Carrollton, TX 75007

Stanislaus Credit Control Service, Inc. Po Box 480 Modesto, CA 95353

Stanislaus Credit Control Service, Inc. Po Box 480 Modesto, CA 95353

Stanislaus Credit Control Service, Inc. Po Box 480 Modesto, CA 95353

Stanislaus Credit Control Service, Inc. Po Box 480 Modesto, CA 95353

Stanislaus Credit Control Service, Inc. Po Box 480 Modesto, CA 95353

Stanislaus Credit Control Service, Inc. Po Box 480 Modesto, CA 95353

Stanislaus Credit Control Service, Inc. Po Box 480 Modesto, CA 95353

Syncb Bank/American Eagle Attn: Bankruptcy Po Box 965060 Orlando, FL 32896 Synchrony Bank/Amazon Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank/Care Credit Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank/Care Credit Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank/Walmart Attn: Bankruptcy Po Box 965060 Orlando, FL 32896